

PROJECT TRANSPORT

937 West Foothill Blvd., Suite F
 Claremont, CA 91711
 Phone (626) 303-4500 Fax (626) 303-4550

Date: _____

This claim is for:

Shortage
 Damage

Presentation of Loss or Damage Claim

Claimant (Company Name)	Forwarder Freight Bill Number	
Address		
	Claimants Reference Number	
City & State Zip	Pickup Date	Delivery Date
Phone Number		
Shipper	Consignee	
Address	Address	
City & State Zip	City & State	Zip Code
Phone Number	Phone Number	

STATEMENT OF LOSS OR DAMAGE

No. Pcs	Description of Damaged or Lost Items, Including Model or Item Numbers, etc.	Amount Claimed
TOTAL AMOUNT CLAIMED		

The Following Documents Must Be Included To Process Your Claim

1. Original vendor's invoice (proof of purchase cost) or photostatic copy showing all discounts (Including entire invoice)
2. Legible copy of freight bill or original paid bill if available.
3. Original bill of lading or bond of indemnity in lieu thereof.
4. Carrier's inspection report, where copy has been provided.
5. Invoice of materials purchased to complete repair, if applicable.

All Above Must Be Completed

 Signature of Claimant

The claimant certifies that the foregoing information is correct, and agrees to indemnify the forwarder against all loss in the event the original Bill of Lading and/or freight bill are not submitted.